

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER 4:17CR00234 RFW
DEFENDANT Mohammed Almuttan		TYPE OF PROCESS Final Order of Forfeiture
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN \$68,376.00 U.S. Currency		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Asset Forfeiture Unit Office of the U.S. Attorney 111 S. Tenth Street, 20th Floor St. Louis, MO 63102		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

17-DEA-631489- Per Final Order of Forfeiture, to be disposed of according to the law.

Signature of Attorney other Originator requesting service on behalf of: /s/ Kyle T. Bateman	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 314-539-7740	DATE 02/09/2024
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>44</u>	District to Serve No. <u>44</u>	Signature of Authorized USMS Deputy or Clerk <i>C. Rongey</i>	Date <u>2/9/2024</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date <i>X</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy <i>Daniel Flores</i>	

Costs shown on attached USMS Cost Sheet >>

REMARKS

\$65

2/8/2024-Asset DISPOSED According TO LAW